2019 Pink Book webinar series – Meningococcal Q&A

1. When would mass vaccination as a response to an outbreak at a college/university be most appropriate? How does CDC determine the best course of action in these types of situations?

State and local health departments lead outbreak investigations and implement control measures to reduce spread of the disease. They often work closely with CDC, which offers guidance to assist with their efforts.
In the setting of an outbreak, recommendations often include:

- Vaccinating people identified as being at increased risk
- Making sure all of a patient's close contacts receive antibiotics (prophylaxis) to prevent them from getting the disease

CDC supports state and local health departments in identifying a response that best protects their residents' health. Contact your state or local health department or institution for information about a specific outbreak and their specific recommendations.
Additional information can be found at https://www.cdc.gov/meningococcal/outbreaks/index.html.

2. If an immigrant or a new student comes to the US with a record of meningococcal vaccination, but the type of vaccine is not specified, how should that be handled?

Persons in the United States are recommended to be vaccinated for protection against meningococcal serogroups A, C, W, and Y. If a person from outside the US presents with a record of vaccination that does not indicate the vaccine type or was vaccinated with a vaccine that does not cover all four serogroups, they should be revaccinated with MenACWY according to the US recommended schedule.

3. Is pregnancy a contraindication or precaution for MenACWY or MenB?

Pregnancy is a precaution for MenB vaccination. Pregnancy is neither a contraindication nor precaution for MenACWY vaccination. However, it is recommended that MenACWY only be administered to a pregnant woman who has another high-risk indication for vaccination.

4. Why is MenB vaccine not recommended routinely for those at increased risk between 2 months through 9 years of age?

Neither MenB vaccine is approved by the FDA for use in this age group.

5. Can you explain how long short-term protection lasts?

Available data suggest that protection from MenACWY vaccines decreases in many adolescents within five years. This is why the booster dose at age 16 years is critical for maintaining protection when adolescents are most at risk for meningococcal disease. Available data on MenB vaccines suggest that protective antibodies also decrease quickly (within one to two years) after vaccination.

6. I don't understand the MenB vaccine recommendations. Can you explain the difference between the two recommendations again?

There are two separate recommendations for the use of MenB vaccine.

First is the recommendation for use in certain high-risk populations. This is a recommendation made for all persons 10 years and older in a risk-factor-based group. The high-risk conditions for which MenB is indicated are outlined in the ACIP recommendations. These include:

- Persons with persistent complement component deficiencies*
- Persons with anatomic or functional asplenia†
- Microbiologists routinely exposed to isolates of *Neisseria meningitidis*
- Persons identified as at increased risk because of a serogroup B meningococcal disease outbreak

*Including inherited or chronic deficiencies in C5–C9, properdin, factor H, factor D, or persons who are taking a complement inhibitor such as Soliris® or Ultomiris®
†Including sickle cell disease

This is separate from the recommendation that states, "A MenB vaccine series may be administered to adolescents and young adults aged 16–23 years to provide short-term protection against most strains of serogroup B meningococcal disease. The preferred age for MenB vaccination is 16–18 years." Any young adult age 16–23 years (without the high-risk conditions mentioned above) MAY receive vaccine, subject to shared clinical decision-making between the medical provider and patient/parent.

You can find both MenB recommendations (the high-risk group recommendation and the non-high-risk group recommendation) at http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html.

7. Can MenACWY, HPV, and Tdap all be administered at the same time? If one vaccine was given first, is there a recommendation for spacing the other vaccines?

Yes, MenACWY, HPV, and Tdap vaccines may all be administered at the same time. There is no recommendation to space these vaccines.

8. I have a patient who is traveling internationally later this year. How can I determine if meningococcal vaccination is recommended based on their travel destination?

The CDC travelers' health website provides vaccination recommendations based on travel destination; see https://wwwnc.cdc.gov/travel.

9. If a patient received MenACWY at 9 years of age, does that count as the adolescent dose? Or should the patient be revaccinated at age 11–12 years?

A dose of MenACWY administered at 9 years of age does not count as the adolescent dose. ACIP considers a dose of MenACWY given to a 10-year-old child to be valid for the first dose in the adolescent series. Doses given before age 10 years should not be counted. The child should be revaccinated at age 11–12 years.